

00684.003296.1



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: Unassigned
Tetsuo ISOMURA, et al.)	
	:	Group Art Unit: Unassigned
Application No.: 10/687,601)	
	:	
Filed: October 20, 2003)	
	:	
For: TONER SUPPLY CONTAINER AND)		January 8, 2004
STIRRING ROTATION MEMBER :		

Commissioner for Patents
Post Office Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL PRELIMINARY AMENDMENT

Sir:

Further to the Preliminary Amendment filed on October 20, 2003, and prior to examination on the merits, the Examiner is respectfully requested to amend the above-identified application, as follows:



In re Application of:

Tetsuo ISOMURA, et al.

Application No.: 10/687,601

Filed: October 20, 2003

For: TONER SUPPLY CONTAINER AND
STIRRING ROTATION MEMBER

Docket No. 00684.003296.1

Examiner: Unassigned

Group Art Unit: Unassigned

Date: January 8, 2004

Commissioner for Patents
Post Office Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a **Supplemental Preliminary Amendment** in the above-identified application.

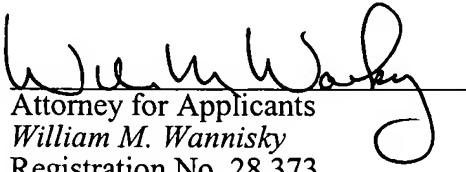
☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	9	MINUS	20	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	2	MINUS	3	= 0	x \$43 \$86	\$0.00
Fee for Multiple Dependent claims \$145°/\$290						\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our New York office at the address given below.

Respectfully submitted,


Attorney for Applicants
William M. Wannisky
Registration No. 28,373

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